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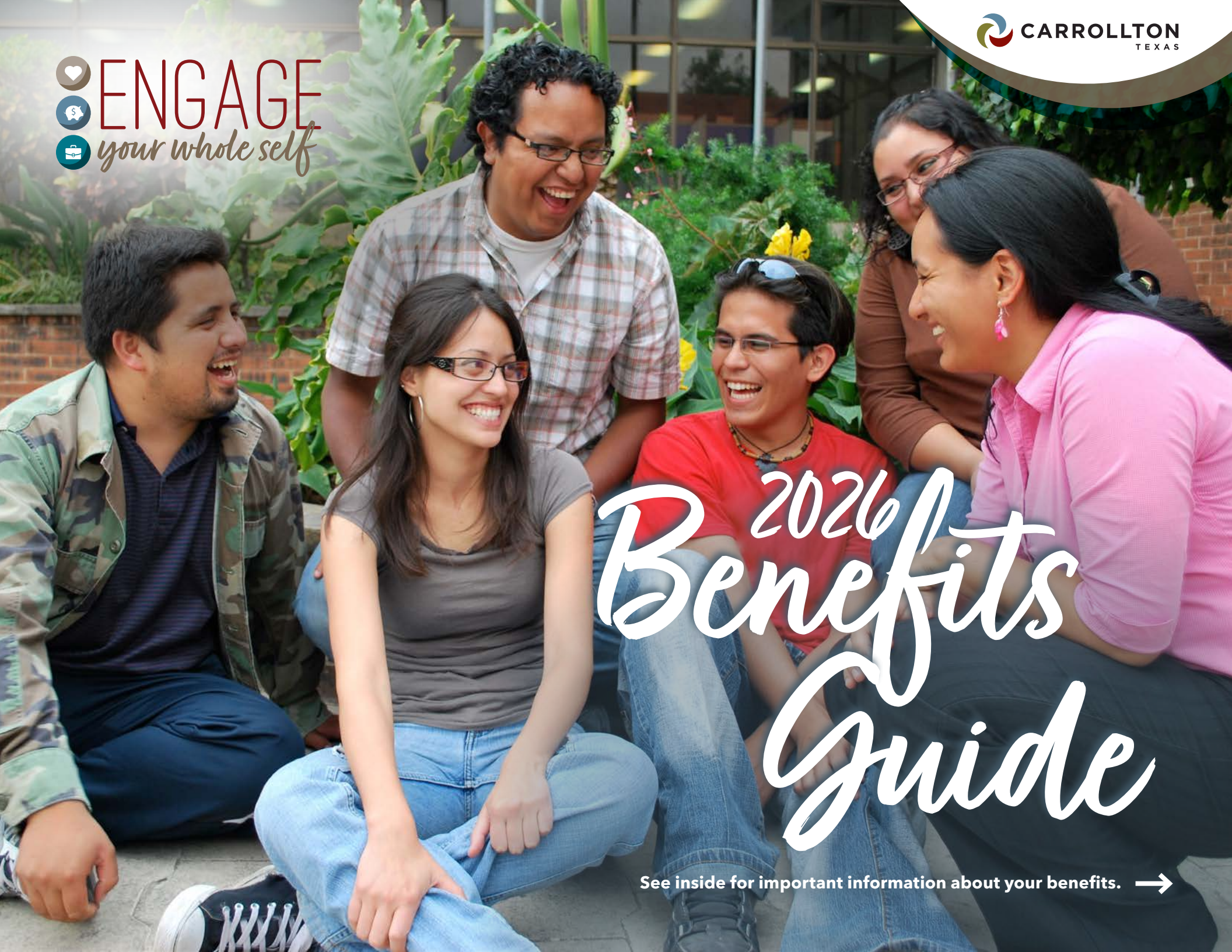

2026 Benefits Guide

See inside for important information about your benefits. →

WELCOME

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse under age 65, if they are not eligible for benefits under their employer's plan, are unemployed or retired
- Your children under age 26 who are your biological children, stepchildren, adopted children or children for whom you have legal custody
- Benefits Eligibility Based on Weekly Hours Worked:

Benefits	Effective Date	40 (full-time, 1.0)	30 (part-time, 0.75)	20 (part-time, 0.50)	17.5 (part-time)
Basic Life AD&D	Date of hire	•	•	•	•
Dental	Date of hire	•	•		
Disability	After 60 days of continuous employment	•	•	•	•
EAP	Date of hire	•	•	•	•
Employee Health & Wellness Center	Date of hire, if enrolled in City medical plan	•	•		
HRA	Date of hire, if enrolled in City medical plan	•	•		
FSA	First of the month following enrollment	•	•		
PTS Retirement	Date of hire			•	•
MissionSquare	Voluntary enrollment at any time	•	•	•	•
LegalShield	Voluntary enrollment at any time 1st of the month following date of enrollment	•	•	•	•
Medical	Date of hire	•	•		
Vision	First of the month following date of hire	•	•		
Voluntary Life	First of the month following approval	•	•	•	•
TMRS	Date of hire	•	•		
Supplemental Health Plans	Eligible if regularly working 20+ hours per week	•	•	•	

Required Information—*When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the City to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.*

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Enrollment

Log on to **Dayforce** to enroll. There, you will find detailed information about the plans available to you and enrollment instructions.

WELCOME

When Coverage Begins

- **New Hires:** You must complete the enrollment process within 30 days of your date of hire.
- If you fail to enroll on time, you will **NOT** have benefits coverage (except for City-paid benefits), unless you have a qualified life event (see below for details).
- **Open Enrollment:** Changes made during Open Enrollment are effective January 1 - December 31, 2026.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. The following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Your spouse or child moves to the U.S.
- Death of a spouse or child
- You or your spouse loses coverage under your spouse's plan
- Your spouse becomes eligible for health care coverage that meets the Affordable Care Act's minimum value standard under their employer's plan
- You or your dependent(s) gain access to state coverage under Medicaid, Medicare or CHIP

Making Changes

To make changes to your benefit elections, you must contact Workforce Services within 30 days of the qualified life event with the exception of adoption, birth, death and Medicare/Medicaid/CHIP eligibility, which is 60 days. Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

MEDICAL

We are proud to offer you a choice of two medical plans that provide comprehensive medical and prescription drug coverage. To locate an in-network doctor or hospital, call Cigna at 800-244-6224 or use the Find a Doctor search tool on **my.cigna.com**. Click on Local Plus or Open Access and then Search.

Cigna Local Plus and Open Access Plans

The Cigna Local Plus and Open Access Network plans are similar to an HMO, in that you may only visit physicians and hospitals within the Base Plan Local Plus Network or the Buy Up Plan Open Access Network. Services received outside the network are not covered, except in the case of emergency medical care. You are not required to select a primary care physician (PCP). **Note:** The Open Access plan has a larger network, and therefore, higher premiums.

Here's how the plans work:

- **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses.
- **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan will pay 90% and you pay 10%.
- **Out-of-Pocket Maximum:** Once you meet the plan's annual out-of-pocket maximum, the plan will pay 100% of all eligible covered services for the rest of the calendar year.

Personal Health Assessment (PHA)

You and any dependents aged 18 years and older as of January 1, 2026, who are covered under a City medical plan, must complete a PHA. Please refer to the PHA Information Packet for more information.

PHA Deadlines
The PHA deadline is October 31, 2025. New employees who enrolled onto a city medical plan after October 31 are not required to complete the PHA until the next plan year.

The Health Reimbursement Account (HRA)

The City medical plan features an HRA that is administered by WEX. You can use it to pay for qualifying out-of-pocket medical expenses. Here's how the HRA works:

- At the beginning of the year, the City will deposit $628 (for single coverage) or $1,256 (for family coverage) to the account.
- You may use funds to pay for qualifying medical expenses not covered under the City medical plan, or save them for the future. Qualifying medical expenses include deductibles, coinsurance amounts and prescription copays.
- Unused funds roll over and accumulate year to year. However, once you leave employment with the City, any unused funds are forfeited. You will have 90 days from your last day of coverage to file claims for expenses incurred during your employment with the City.
- If you are enrolled in both the HRA and a flexible spending account (FSA), you will use the same debit card for both FSA and HRA account balances. Your FSA funds will be used first before any of your HRA funds. **WEX will send the debit card in the mail approximately two weeks after you enroll.**
- You can only use HRA funds if you are enrolled in a City medical plan.
- Log on to **benefitslogin.wexhealth.com** or the WEX mobile app.

Prescription Drug Benefits

- You must fill 90-day supplies of maintenance medications through the Cigna 90 Now program (see page 5 for details).
- You pay a separate prescription drug deductible of $200 for individual coverage and $400 for family coverage.
- Specialty drugs must be filled through Cigna's specialty Rx program.
- The SaveOnSP program can help lower the cost of specialty prescriptions for conditions such as hepatitis C, inflammatory bowel disease, multiple sclerosis, oncology, psoriasis and rheumatoid arthritis.

Employee Health & Wellness Center

Provided by CareATC

- **Clinic hours:** Monday–Friday, 7–11 a.m., 12–4 p.m.
- **Phone:** 713-769-9911
- **Website:** www.careatc.com

1735 Keller Springs Road, Suite 100 (just north of Josey Ranch Lake Library and west of Prosperity Bank)

Available free of charge to all employees and dependents on the City's medical plan.

- Employees receive 10 hours of leave in January each year for the sole purpose of accessing the Health Center. These hours do not roll over from year to year.
- Services at the center include, but are not limited to, the following: allergies, asthma, behavioral health counseling, diabetes management, cold and flu, congestion, headaches, high blood pressure, high cholesterol, lab work/tests, physicals, sports physicals, and tobacco cessation.
- Access CareATC's website or mobile app to schedule appointments, review your results, access Telehealth by Recuro Health and view your medical information at careatc.com or by calling 713-769-9911.
- Can't remember your login information? Contact CareATC's Patient Access Center at 800-993-8244 to receive your username and password.
- Online appointment scheduling is available by logging on to the website or mobile app and selecting "Schedule Appointment." You will have the option to select a specific provider/clinic or look at availability at all CareATC clinics.

MEDICAL

The following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Cigna Base Plan Local Plus Network	Cigna Buy-Up Plan Open Access Network
	In-Network Only	In-Network Only
Deductible (per calendar year)		
Individual / Family	$2,500 / $5,000	$2,500 / $5,000
Out-of-Pocket Maximum (per calendar year)		
Individual / Family	$4,000 / $8,000	$4,000 / $8,000
Annual Contributions to Health Reimbursement Account (HRA)		
Individual / Family	$628 / $1,256*	$628 / $1,256*
Covered Services		
CareATC/Telehealth	No charge	No charge
Office Visits (physician/specialist)	10%** / $50 copay	20%** / $50 copay
Routine Preventive Care	No charge	No charge
Outpatient Diagnostic (lab/X-ray)	10%**	20%**
Complex Imaging	10%**	20%**
Chiropractic	10%**	20%**
Ambulance	10%**	20%**
Emergency Room	10%**; $400 copay applies to specific non-life threatening services	20%**; $400 copay applies to specific non-life threatening services
Urgent Care Facility	$75 copay	$75 copay
Inpatient Hospital Stay	10%**	20%**
Outpatient Surgery	10%**	20%**
AIRROSTI	$25 per visit	$25 per visit
Prescription Drugs (Generic / Brand / Non-Formulary / Specialty)		
Rx Deductible (Individual / Family)	$200 / $400	$200 / $400
Retail Pharmacy (30-day supply)	$0 / $40 / $80 / 20% after Rx deductible***	$0 / $40 / $80 / 20% after Rx deductible***
Mail Order (90-day supply)	$0 / $100 / $200 / 20% after Rx deductible***	$0 / $100 / $200 / 20% after Rx deductible***

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.
*Contributions are prorated starting July 1.
**Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.
***The deductible does not apply to retail or home delivery generic drugs.

Medical Rates

Employee Medical Premiums Per Paycheck		
	Local Plus	Open Access
Employee Only	$13.80	$36.02
Employee + Spouse	$151.59	$210.71
Employee + Child(ren)	$94.42	$137.98
Employee + Family	$192.42	$262.43

Note: Deductions are taken from every paycheck each month (26 pay periods per year). Deductions will be automatically taken pre-tax.

AIRROSTI Pain Management

AIRROSTI delivers safe and effective hands-on treatment for resolving pain and soft tissue injuries to you and your covered dependents. Their focus is on immediate and lasting results and an exceptional patient experience. Each patient receives one full hour of assessment, diagnosis, treatment and education designed to eliminate the pain associated with many common conditions, allowing the patient to quickly and safely return to regular activity – usually within three visits (based on patient-reported outcomes). Visit **airrosti.com**, to find the clinic location closest to you. You pay $25 per visit.

Omada

This digital health program combines personal support with the latest technology to inspire healthy habits and weight loss. If you or your adult dependents are at risk for type 2 diabetes or heart disease and are accepted into the program, you'll receive the program at no cost. You are paired with a full-time health coach who monitors your progress, gives helpful feedback and provides personalized guidance to ensure you're successful.

When you join Omada, you also get:

- A wireless smart scale to track your progress.
- Weekly online lessons to educate and inspire you.
- A peer group of participants for support throughout the core 16-week program.

Visit **omadahealth.com** for more information.

DENTAL

Cigna DPPO

With this plan, you choose a primary dental provider to manage your care. There are no charges for most preventive services, no claim forms and no deductibles. Reduced, pre-set charges apply to other services. Visit **my.cigna.com** to manage your benefits.

Following is a high-level overview of the coverage available.

Key Dental Benefits	Cigna DPPO	
	In-Network Only	Out-of-Network[1]
Deductible (per calendar year)		
Individual / Family	$50 / $50 per person	$50 / $50 per person
Benefit Maximum (per calendar year; preventive, basic, and major services combined)		
Per Individual	$2,000	$2,000
Covered Services		
Preventive Services	No charge*	No charge*
Basic Services	20%**	20%**
Major Services	50%**	50%**
Orthodontia (child & adult)	50%**; up to $2,000 lifetime maximum	50%**; up to $2,000 lifetime maximum

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

[1]Services are subject to balance billing if the costs are over the network negotiated fee.

*A $500 incentive will be added to the annual benefit maximum once you complete a preventive exam.

**You must meet the deductible before the plan begins to pay.

Dental & Vision Rates

Employee Dental & Vision Rates Per Paycheck		
	Cigna Dental (DPPO)	Superior Vision
Employee	$9.48	$2.58
Employee + Spouse	$29.79	$5.10
Employee + Child(ren)	$32.77	$4.99
Employee + Family	$51.34	$7.60

Deductions are taken from every paycheck each month (26 pay periods per year). Deductions may be taken pre-tax or after tax. Deductions will be automatically taken pre-tax unless otherwise requested by the employee.

VISION

Superior Vision

The Superior Vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Superior Vision network. Visit **portal.superiorvision.com/account/login/member** to manage your benefits.

Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	$10	Up to $37
Materials Copay	$25	Up to $70
Lenses (once every 12 months)	No charge after materials copay	
Single Vision		Up to $32
Bifocal		Up to $46
Trifocal		Up to $61
Frames (once every 24 months)	Up to $200 after copay	Up to $70
Contact Lenses (once every 12 months; in lieu of glasses)	Up to $200 after copay	Up to $100; fitting not covered

FLEXIBLE SPENDING ACCOUNTS (FSAs)

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered through WEX. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income and Medicare taxes.

Health Care FSA

For 2025, you may contribute up to $3,400 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- Coinsurance
- Copayments
- Deductibles
- Prescriptions
- Dental treatment
- Orthodontia
- Eye exams/eyeglasses
- LASIK eye surgery

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Dependent Care FSA

For 2026, you may contribute up to $7,500 (or $3,750 if married and filing taxes separately) to cover eligible dependent care expenses. Some eligible expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

FSA Rules

Our health care FSA includes a grace period that gives you extra time to use your funds from the previous plan year. This grace period, which runs from Jan. 1 to March 15, allows you to use any remaining FSA balance from the prior year to pay for eligible health care expenses incurred during the grace period of the new year.

For example, let's say you had $1,000 remaining in your health care FSA as of Dec. 31. In January, you visit the emergency room. Because the grace period is active, you can use the remaining $1,000 in your FSA to pay for this visit.

LIFE AND AD&D INSURANCE

Life insurance provides your named beneficiary(ies) with a benefit in the event of your death.

Accidental death and dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Basic Life/AD&D (City-paid)

This benefit is provided at NO COST to you through The Standard.

Benefit Amount	2x your base earnings up to $500,000 (Class I) or $400,000 (Class II)

Supplemental Life/AD&D (Employee-paid)

Supplemental life insurance provides an additional benefit, which is paid to your beneficiaries in addition to your basic life insurance benefit. If you want to increase your benefit after your initial enrollment period, you must complete an Evidence of Insurability (EOI) form. **Note:** Premiums are deducted post-tax (see page 8 for details). To cover your spouse and/or dependent children, you must first elect supplemental life insurance for yourself.

	Benefit	Benefit Reduces by
Employee	1x or 2x base annual earnings up to $500,000	Age 65–69: 65% Age 70 or over: 50%
Spouse	Increments of $5,000, up to the lesser of 100% of employee's coverage or $100,000	Age 70–74: 65% Age 75 or over: 50%
Child(ren)	Unmarried, up to age 20 (or 24 if unmarried and a full-time student at an accredited educational institution): $5,000	

SUPPLEMENTAL LIFE (CONTINUED) & VOLUNTARY BENEFITS

Supplemental Life Rates

The rates for supplemental life are based on age and the amount of coverage based on your salary.

- **Formula to determine employee supplemental life premium:** Salary rounded up to nearest thousand ÷ 1,000 x monthly rate x 12 ÷ 26 = premium per paycheck
- **Formula to determine employee supplemental life premium (age 65+):** Coverage amount rounded up to nearest thousand ÷ 1,000 x monthly rate x 12 ÷ 26 = premium per paycheck
- **Formula to determine supplemental spouse premium:** Coverage amount rounded up to nearest thousand ÷1,000 x monthly rate x 12 ÷ 26 = premium per paycheck
- **Child Life Rate:** $0.46 per child per paycheck

LegalShield & IDShield

You can enroll in these plans at any time—they are completely voluntary, which means you are responsible for paying for coverage at affordable group rates. LegalShield and IDShield give you and your family access to both affordable legal services and identity theft protection services, including:

LegalShield

- Legal Consultation and Advice
- Court Representation
- Legal Document Preparation and Review
- Letters and Phone Calls Made on Your Behalf
- Will Preparation
- 24/7 Emergency Legal Access
- Mobile App

IDShield

- 24/7 IDS Emergency Assistance
- Identity Insights and Tips
- Live Member Support
- Monthly Credit Score Tracker
- Credit Freeze and Fraud Alert Assistance
- Full Service Restoration

For more information on these plans, visit **benefits.legalshield.com/cityofcarrollton**. **Note:** Although you can enroll in these plans at any time, you can terminate the plans only during Open Enrollment, if you experience a qualifying life event or once your employment with the City ends.

Legal Shield Rates	
Plan Type	Biweekly Rate
LegalShield Standard Plan (covers family)	$7.36
IDShield Individual Plan	$4.13
IDShield Family Plan	$7.82
LegalShield/IDShield Individual Combo	$10.89
LegalShield/IDShield Family Combo	$14.03

Accidental Injury Insurance

Accidental injury coverage ensures you receive a fixed cash benefit when you, your spouse or your children experience specific injuries or require various medical treatments or care due to a covered accident. You are also eligible for a $50 benefit if you complete a preventive exam or wellness treatment, **including the PHA**. The amount you receive depends on the type of accident and treatment needed. Examples include:

- Initial emergency care
- Hospitalization
- Fractures and dislocations
- Follow-up care
- Lacerations and concussions
- Accidental death and dismemberment

Accidental Injury Rates	
Plan Type	Biweekly Rate
Employee	$5.52
Employee and spouse	$9.98
Employee and child(ren)	$13.32
Family	$17.78

Critical Illness Insurance

Critical illness insurance offers a cash benefit if you, your spouse or your children are diagnosed with a critical illness or event after the coverage is active. Examples of covered critical illnesses include Alzheimer's, cancer, cerebral palsy, coma, heart attack, Parkinson's, stroke, tumor and major organ failure. You are also eligible for a $50 benefit if you complete a preventive exam or wellness treatment, **including the PHA**. **Note:** Benefits will not be paid for a covered critical illness caused by, or resulting from, a pre-existing condition.

	Benefit Amount	Guaranteed Issue Amount
Employee	$10,000, $20,000, $30,000	Up to $30,000
Spouse	100% of employee amount	Up to $30,000
Child(ren)	50% of employee amount, including childhood conditions	All guaranteed issue

VOLUNTARY BENEFITS (CONTINUED)

Critical Illness Insurance Rates: Biweekly

Benefit Amount: $10,000				
Age	Employee	Employee + Spouse	Employee + Children	Employee + Family
<29	$1.95	$4.32	$3.33	$5.70
30 to 39	$2.66	$6.22	$4.05	$7.60
40 to 49	$4.65	$10.87	$6.04	$12.26
50 to 59	$9.23	$19.85	$10.62	$21.24
60 to 69	$16.28	$33.69	$17.67	$35.08
70 to 79	$28.99	$62.16	$30.38	$63.55
80+	$45.06	$97.44	$46.44	$98.83
Benefit Amount: $20,000				
<29	$3.90	$8.63	$6.66	$11.40
30 to 39	$5.33	$12.43	$8.10	$15.20
40 to 49	$9.30	$21.75	$12.08	$24.53
50 to 59	$18.46	$39.70	$21.24	$42.48
60 to 69	$32.56	$67.38	$35.34	$70.16
70 to 79	$57.98	$124.33	$60.76	$127.11
80+	$90.12	$194.88	$92.89	$197.66
Benefit Amount: $30,000				
<29	$5.84	$12.95	$10.00	$17.10
30 to 39	$7.99	$18.65	$12.14	$22.80
40 to 49	$13.94	$32.62	$18.12	$36.79
50 to 59	$27.69	$59.55	$31.86	$63.72
60 to 69	$48.84	$101.08	$53.00	$105.24
70 to 79	$86.97	$186.49	$91.14	$190.66
80+	$135.18	$292.32	$139.33	$296.49

Hospital Care Coverage

Hospital care coverage offers benefits when you, your spouse or your children must stay in the hospital or receive various medical treatments due to a covered injury or illness. You may also receive $75 for completing a wellness treatment, health screening or preventive exam, **including the PHA**. You may receive benefits to help cover the costs associated with:

- Hospital admission and stay
- Intensive care unit (ICU) stay
- Newborn nursery care admission
- Substance abuse facility care
- Mental illness and nervous disorder facility care

Hospital Care Coverage Rates	
Plan Type	Biweekly Rate
Employee	$9.50
Employee and spouse	$17.08
Employee and child(ren)	$18.16
Family	$25.85

DISABILITY INSURANCE

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a non-work-related covered injury or illness. You are eligible for disability coverage after 60 continuous days of employment with the City.

Short-Term Disability	
Provided at **NO COST** to you through The Standard.	
Benefit Percentage	60%
Weekly Benefit Maximum	$1,846
When Benefits Begin	The longer of 60th day of disability or until paid leave is exhausted
Maximum Benefit Duration	26 weeks
Long-Term Disability	
Provided at **NO COST** to you through The Standard.	
Benefit Percentage	60%
Monthly Benefit Maximum	$15,000
When Benefits Begin	After 180th day of disability
Maximum Benefit Duration	Social Security Normal Retirement Age

EMPLOYEE ASSISTANCE PROGRAM

Life is full of challenges, and sometimes balancing it all can be difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through Aetna Resources for Living.

The EAP can help with the following issues, among others:

- Mental health
- Relationships or marital conflicts
- Child and eldercare
- Substance abuse
- Grief and loss
- Legal or financial issues

EAP Benefits

- Assistance for you and your household members
- Up to six in-person sessions with a counselor per issue, per year, per individual
- Unlimited toll-free phone access and online resources

RETIREMENT BENEFITS

Texas Municipal Retirement System

The Texas Municipal Retirement System (TMRS) provides retirement benefits to City employees. The following highlights key features of the plan. For more information, refer to your TMRS Benefits Guide, call TMRS at 800-924-8677 or visit **tmrs.com**.

- Participation is mandatory for employees working 1,000 or more hours per year.
- 7% of your gross pay will be deducted each paycheck and deposited into your member/retirement account.
- The City will match your contribution 2:1.
- Your contributions are fully vested, meaning you own them outright, after five years of service.
- You will be eligible for retirement benefits at any age after 20 years of service or at age 60 with five years of service. To be eligible for the City's contribution, you must be eligible for retirement. You will not receive the City's contribution until you retire.

Deferred Compensation (457 Plans)

The MissionSquare 457 plan allows you to invest in your retirement and is a great way to supplement your TMRS retirement benefit. You may choose to contribute on a pre-tax or post-tax (Roth) basis. There is NOT a 10% federal excise penalty on withdrawals, regardless of your age. The following highlights key features of the plan:

- Contribute at least 4.65% per pay period (either pre-tax, post-tax or both) and the City will match 2.35%. The City's matching contribution is always pre-tax, regardless of your personal contributions.
- Contributions are immediately vested, meaning you own them outright.
- The plan offers a variety of funds to which you may contribute.
- You may contribute up to $23,500* in 2025, or up to $47,000* if you include the Special Pre-retirement Catch-up Provision.
- You may contribute up to $31,000* in 2025 if you are age 50 or older.
- Under the pre-retirement catch-up provision, you may make additional contributions to your 457 plan to make up for the years in which you didn't contribute the maximum allowed amount. How much you may contribute depends on your previous deferrals and can be up to twice the annual limit. You may take advantage of the catch-up provision in the three years before your normal retirement age.
- You can enroll in the 457(b) Deferred Compensation Plan or change your contribution at any time via Dayforce.
- The MissionSquare Retirement app, which allows you to manage your account on the go, is free to download from the Apple App or Google Play stores.

**The IRS has not yet released the limits for 2026.*

CONTACT INFORMATION

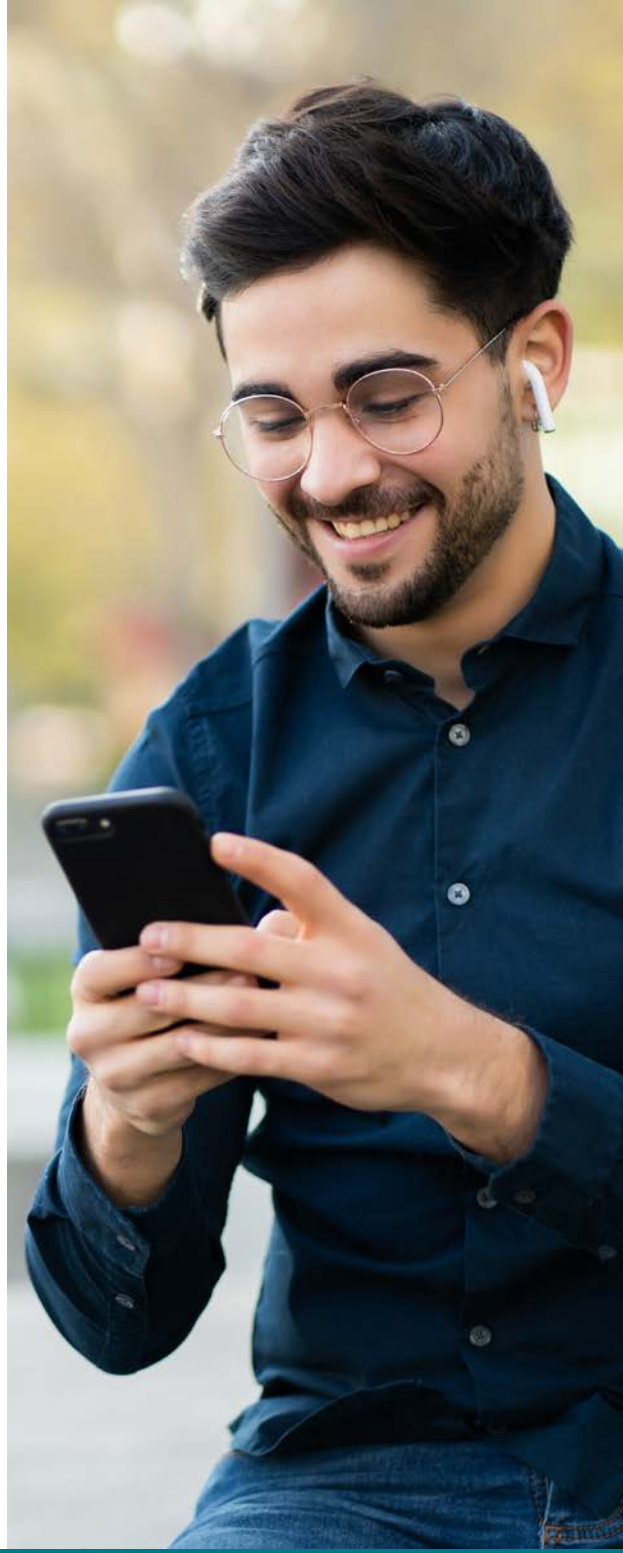
Coverage	Carrier	Phone #	Website/Email
Medical	Cigna	800-244-6224	www.my.cigna.com
Dental	Cigna	800-244-6224	www.my.cigna.com
Vision	Superior Vision	800-507-3800	www.superiorvision.com
Pain Management	AIRROSTI	800-404-6050	www.airrosti.com
Basic & Supplemental Life/AD&D	The Standard	800-628-8600	www.standard.com
Disability	The Standard	STD: 800-368-2859 LTD: 800-368-1135	www.standard.com
Flexible Spending and Health Reimbursement Accounts (FSAs and HRAs)	WEX	866-451-3399	benefitslogin.wexhealth.com customerservice@wexhealth.com
Employee Assistance Program (EAP)	Aetna Resources for Living	888-238-6232 TTY: 711	www.resourcesforliving.com Login ID: Carrollton / Password: EAP
Retirement Benefits – Pension	TMRS	800-924-8677	www.tmrs.com
Deferred Compensation/Roth IRA	MissionSquare	800-669-7400	www.missionsq.org
Legal Support & ID Theft Protection	LegalShield	800-654-7757	benefits.legalshield.com/cityofcarrollton
Voluntary Accidental Injury, Critical Illness and Hospital Care	Cigna	800-754-3207	supphealthclaims.com

Benefits Website

Dayforce can be accessed anytime you want additional information on our benefits programs. You may also visit the Benefits & Wellness SharePoint site.

Questions?

If you have additional questions, you may also contact Workforce Services at 972-466-3091 or email benefits@cityofcarrollton.com.



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The City will distribute all required notices annually.